

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/830382

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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2	/					
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TOTAL IND.	/					
TOTAL DEP.	5	↓	↓	↓		
TOTAL TOT.	6	↓	↓	↓		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓	↓		
TOTAL DEP.			↓	↓	↓	
TOTAL TOT.	6					

BEST AVAILABLE COPY